

ROW Street Closure Permit Application

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Date:			Permit Number:					
Permit Fee: \$23.50 Application Fee (a \$25 site inspection fee may apply if site inspections are required)								
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		rmation	ı					
Applicant Name:								
Business Name:								
Applicant Address:								
City:					State:		Zip:	
Mailing Address:		ess:	□ Same as above					
City:					State:		Zip:	
Applicant Phone:		one:		Appli	cant Email:			
Site Information								
Closure Location:								
include cross streets and								
locatio	on of ba	rricades						
COMP	PLETE							
		f Closure:						
Descri	prion of	Closule.						
D . 1	1	'11 1 '			D . 1	'11 1		
Date closure will begin:				Date closure will end:				
Time closure will begin:			Time closure will end:					
	2.55							
	Traffic Control Plan (must include schedule)							
Detour plan – path of detour								
	Colorado Department of Transportation (CDOT) Permit – required if job is located in state ROW							
-	Complete list of equipment used on site for job scope (tree-trimming work only)							
✓ Affirmation Statements/Signature please check that you have read and understand each statement of affirmation below								
As the Party of Record to this permit, and by my signature affixed hereto, I understand that:								
Ap	Applicant shall comply with all city rules and regulations;							
	No construction is approved with the issuance of this permit;							
	The City of Brighton reserves the right to void this permit at any time as may be deemed necessary; and,							
	Extensions to the approved time frame of this permit to close the street shall be made prior to the estimated expiration of this permit.							
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Signature					Printed Name			
Signature					i imica ivanie			
Title					Date			